

*Celebrating 100 years of service to
the people of Virginia*
1908 - 2008



1

**The Virginia Department of Health
A Highlight of Priorities and
Initiatives for 2008-2009**

**Presentation to
Joint Commission on Health Care**

Karen Remley, MD, MBA, FAAP
Commissioner of Health

September 4, 2008

Priorities

✓ *Safeguarding the Health of Children*

☐ Improving Access to Care

☐ Ensuring Emergency Preparedness and Response

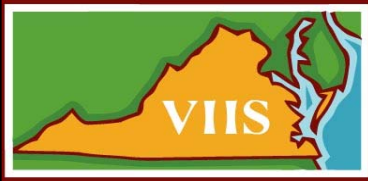
☐ Serving as Responsible Stewards of Taxpayer Funds

3

Safeguarding the Health of Children

- The VA Immunization Information System
- Childhood Obesity
- Infant Mortality

4



The VA Immunization Information System

- CDC goal- 95% of children are adequately immunized against vaccine-preventable diseases
- An incomplete immunization record is one of the greatest obstacles to this goal
- A complete and accurate immunization record will eliminate the unnecessary duplication of immunizations that now occurs in 21% of children
- Partners- hospitals, private physicians, health care plans, community health centers, the military and schools
- Vital record birth information included
- **4.2 million** clients in the registry
- **21 million** immunizations
- **50%** of Virginia's children < 6 years of age have two or more immunizations in the registry

5

Childhood Obesity

The Problem

- **25%** of adult Virginians are obese
- **13%** of U.S. High School Students are obese
- **65%** did **not** meet recommended levels of physical activity
- **35%** watched 3 or more hours of TV per day

(from CDC Youth Risk Behavior Survey- Virginia to participate in 2009)

Goals

- Proper Nutrition
- Adequate Physical Activity
- Focus on instilling healthy lifestyle habits in children so that they maintain a normal weight



Childhood Obesity – Legislation

	Bill	Description	Patron
Passed	HB242	Physical Fitness Requirements. Requires local school boards to implement a program of <u>physical fitness available to all students with a goal of at least 150 minutes per week on average during the regular school year.</u> Such program may include any combination of (i) physical education classes, (ii) extracurricular athletics, or (iii) other programs and physical activities deemed appropriate by the local school board. Each local school board shall incorporate into its local wellness policy a goal for the implementation of such program during the regular school year. (Signed by Governor)	O'Bannon
	SB61 HB246	School Nutrition and Physical Activity/Database. Requires the Board of Education to develop a <u>database of local school divisions' best practices regarding nutrition and physical education, including results of wellness-related fitness assessments.</u> The database shall be accessible to all local school divisions and the Department of Health, and no school division shall be required to submit information to the database. (Signed by the Governor)	Howell / O'Bannon
Introduced but not passed	SB721	School Nutrition Regulations Requires the Board of Education, in cooperation with the Department of Health, <u>to promulgate and periodically update regulations setting nutritional guidelines for all competitive foods (excluding beverages) sold during regular school hours.</u> Also requires (i) the Board to adopt the Governor's Nutrition and Physical Activity Scorecard's nutritional guidelines as the statewide standard for competitive foods; (ii) the Board to report to the General Assembly on the final regulations by December 1, 2010; and (iii) local school boards to report to the Department of Education on their plan to implement the final regulations by 30 days prior to the beginning of the 2011-2012 school year. (Passed by in House Education Committee, Chairman will send a letter to the Superintendent of Public Instruction)	Barker 7

Childhood Obesity

- Statewide obesity prevention plan nearing completion (**CHAMPION**)
 - Disseminate and promote evidence based prevention programs
 - Supported entirely with federal funds (WIC)
- Support private/public partnerships with data analysis and collaboration
 - SHIP program through Williamsburg Community Health foundation

Childhood Obesity – Obesity Prevention Grants

Partnerships

- Develop partnerships between public health and public education to prevent childhood obesity
 - \$100,000 in grant funding was awarded competitively to five local school divisions in 2007
 - Danville, Dickenson, Harrisonburg, Prince William, Roanoke City
 - Focus on improving student nutrition and physical fitness, and reducing Body Mass Index
 - **18 of 20** earned more points on Governor's Nutrition and Physical Activity Scorecard

Results

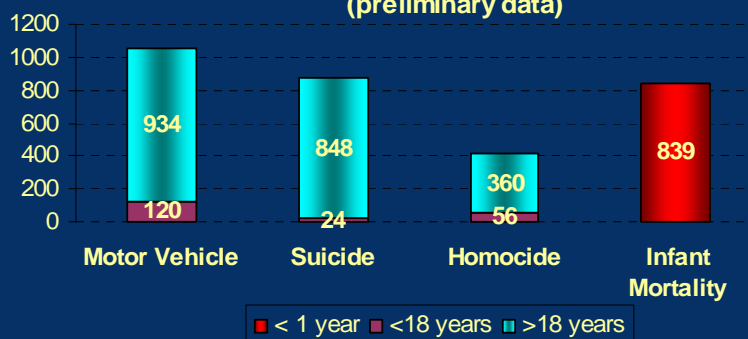
- Balanced approach incorporating improved physical activity and nutrition
- Emphasize data collection
- Emphasize family involvement and community partnerships
- Programs encourage **local** innovation



9

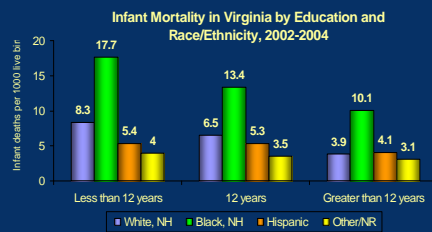
Infant Mortality – The Problem

Comparative Deaths - Virginia 2007*
(preliminary data)



10

Infant Mortality – The Problem



Infant Mortality by Age at Death Virginia 2007 (preliminary data)



11

Infant Mortality

Causes

- Prematurity
- Low Birth Weight
- Congenital Defects
- Sudden Unexplained Infant Death Syndrome (SUIDS)
- Intrauterine Infections
- Infections in early infancy
- Child Abuse- Shaken babies

Solutions

- Opportunities for interventions:
 - Good prenatal nutrition, including folate
 - Maternal health behaviors/effects
Tobacco/alcohol/substance use; stress; obesity; etc.
 - Planned pregnancy with early entry into quality prenatal care
 - Prevention of preterm & low birth weight births
 - Infant sleep position and environment
 - Family/caretaker violence & safe home
 - Home visiting nurses
 - Immunization of child, family and community

12

“Saving Babies” Initiative

Saving Babies Initiative

- Awarded Request for Results Grants
- Targeted 10 localities with the highest number of infant deaths from 2001-2005
- Identify specific areas and populations in a locality at special risk for infant mortality
- Collaboration with other stakeholders

Results

- Saving Babies Successes Across the Board
 - Determining which women are at highest risk
 - Increasing awareness of the signs and symptoms of premature labor
 - Promoting education about sleep position and safe sleeping
 - Improving coordination of efforts among private and public providers
 - Enhancing outcomes through folic acid, insurance coverage, and transportation to prenatal care

13

Next Steps

- Educate all providers to importance of safe sleep, back to sleep and brain growth in utero
- Increase access- Virginia Share, Increase awareness of Medicaid coverage
- Determine when/where pregnancy diagnosed and use as first “prenatal visit”
- Re-evaluate current approaches- collaboration with additional community resources- churches, sororities, etc.
- And many new options.....

14

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15

Improving Access to Care

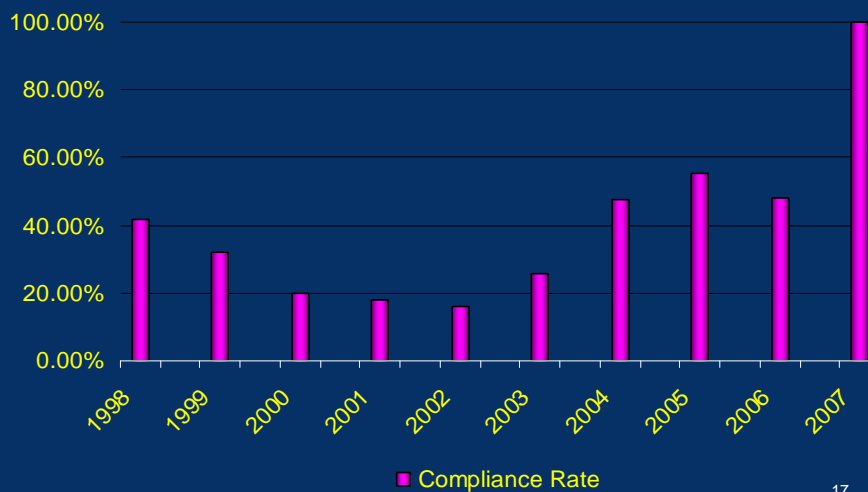
- Funding of Indigent care- COPN conditioning
- Statewide Rural Health Plan



16

COPN Charity Care Conditions

Percent of Expected Reports That Were Received



17

State Rural Health Plan

- Analysis of health in rural areas
- Practical strategies that lead to improvements in health, not solely in the delivery of health care services
- Fosters greater consensus among rural health stakeholders and supports a comprehensive approach to health, currently including:
 - Access
 - Workforce
 - Data/Rural Definition
 - Quality and Performance Improvement
- Developed first State Rural Health Plan
 - Serves as a living document that will be revisited yearly to:
 - Review progress and measure performance in achieving objectives
 - Assure continued appropriateness of plan to rural needs and challenges
 - Incorporate focus on additional contributing factors to health

18

State Rural Health Plan – Next Steps

- Formalize former workgroups into official Virginia Rural Health Advisory Councils
- Develop an electronic rural health database portal
- Launch the official VA-SRHP website (<http://www.va-srhp.org>)
- Promote a broader definition of primary care, to include dental, pre-natal and preconception care, mental health and EMS
- Develop performance measurements for all objectives
- Report back to existing rural health partners at the 2008 Virginia Rural Health Association Conference
- Increase VA-SRHP partnerships and encourage various organizations to adopt the plan

19

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20

Ensuring Emergency Preparedness and Response

- From Outbreaks to Disasters

21

From Outbreaks to Disasters

- Preparedness is an everyday, every VDH employee, every work unit goal
 - All Hazards Approach
 - Exercise Response Plans
 - Continue Collaboration with private and public partners
 - Enroll all VDH employees on the Health Alert Network (HAN)
 - Coordination and teamwork within local and state VDH

22

From Outbreaks to Disasters

Recent Activities

- Perfect 10 ranking from Trust for America's Health
- Strategic National Stockpile score 99%
- Recent CDC/VDH anthrax exercise
- E. coli Goshen Boy Scout Camp investigation – 1,700 potential exposures

Next Steps

- Increasing MD/all provider engagement with VDH
- In partnership with DHP and Professional Societies-
 - Development of CME modules
 - Death certificates, reportable diseases, hand washing, altered standards of care, etc.
 - Use of Email lists to provide geographic, specialty specific urgent information

23

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24

Serving as Responsible Stewards of Taxpayer Funds

- Eligibility/Billing/Collections in Local Health Depts.



25

Eligibility/Billing/Collections

- HB 1265 (2008 Session)- when the department provides medical care services to a person who has private health insurance that covers the services provided, the Board shall authorize the department to charge an amount equal to the allowable charge ...”
- Hired a Health Care Reimbursement Specialist
 - All health departments enrolled in Anthem (largest private Insurer- electronic eligibility and billing platform
 - metrics of performance, e.g., fewer denied claims, electronic billing, percent of “touchless claims”
 - Providing training and technical assistance for local health department staff (many from rural areas with only 1 office support person to perform all tasks).

26

Eligibility/Billing/Collections

- Reviewing best practices across the districts and sharing information.
- Standardizing billing processes and encounter forms throughout the districts.
- Developing a knowledge-based FAQ resource for staff.
- Exploring additional commercial insurance contracting opportunities

27

Update on JCHC Requests

- Stroke Task Force- being formed
- OEMS pre-hospital Electronic records- IT contract being awarded

To be addressed at October 23 JCHC meeting

- PRAMS
- Automated referral system VISITS- infants and toddlers
- Birth Certificates and DMAS

28

Virginia Department of Health



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29

Questions??

Karen Remley, M.D., M.B.A., F.A.A.P.
Virginia Department of Health
109 Governor Street
Richmond, Virginia 23219
(804) 864-7009
Karen.Remley@vdh.virginia.gov

30